



**PATHLIGHT
SCHOOL**

The learning journey

22 July 2009

Dear Parents/Guardians of _____

**THINKING SKILLS INTEGRATION PROJECT FOR GRADUATING STUDENTS
(SAMANEA & JELUTONG), 24 & 31 JULY 2009**

As part of the social skills training for the graduating students, we are planning a Thinking Skills project with students from Meridien Junior College. This is to help students build on their revision strategies.

It will help prepare them to cope with exams and to transit to a post-secondary institution. It will involve activities that help them in revision, anxiety management, as well as expose them to how different post-secondary institutions may function.

As part of your child's social skills curriculum, **attendance is compulsory**. The sessions will be facilitated by our social skills therapists who will build in opportunities for students to practise group work and other social skills learnt throughout the year.

The sessions will be held after school on Fridays and a full programme will be sent to parents after exam time-tables are finalised.

Details are as follows:

Dates	24 July 2009, Friday 31 July 2009, Friday
Venue	Computer Lab 1
Time	2.30pm to 4.30pm
Attire	School Uniform
Parents to note	Please ensure your child has sufficient lunch money. Please arrange transport home for your child on 24 & 31 July 2009.

Please ensure that your child submits the attached Reply Slip to the form teacher by **23 July 2009, Thursday**.

This is an important project which we believe will benefit the students greatly.

Yours sincerely,



Ms Linda Kho
Principal

Cc Ms Denise Phua, School Supervisor, Pathlight School Board
Ms Loy Sheau Mei, Vice Principal – Academics
Ms Chin Li Ming, Operations Manager
Mrs Teh Tsui Tsui, Student Affairs Manager



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CONSENT / INDEMNITY FORM

Pathlight School requests your confirmation and acceptance of your child's participation in the following programme / activity:

Name of programme / activity : Thinking Skills Integration Project

Purpose : _____

Date : As per letter attached

Time : 2-30pm to 4-30pm

Name of Child : _____

Class : _____

Name of Parent : _____

I **allow** my child to participate in the above activity. I know that Pathlight School will do its best to ensure the safety and well-being of the children. However, in the event of any accident occurring, I shall not hold Pathlight School responsible and neither will I allow or take any legal action and / or make any claims against the school, its teachers or the organizers of the activity.

Signature of parent / guardian

Relationship to child : _____

Date : _____

Telephone no. in case of emergencies: _____

*Please delete accordingly